



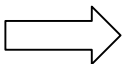
CHECKLIST FOR SUBMITTING YOUR 2006 LICENSE RENEWAL

REQUIRED DOCUMENTS

- A) License application (PI-079)
- B) Proof of insurance
- C) Incorporation, partnership, or assumed name documents (where applicable)
- D) Notarized Statement of Experience (PI-217) if adding a new category

A) LICENSE APPLICATION

- ____ 1. Is the current and full legal name of the business on the application? Please make the necessary corrections by drawing a line through the printed firm name or address.
- ____ 2. If you have moved, ____ Have you indicated your new street address on the application?
____ Have you indicated your new mailing address on the application?
- ____ 3. Have you filled in the emergency name ,phone number and the fax number? **Note:** *E-mail address requested for 2006.*
- ____ 4. Are *all* the applicators full names, certification numbers and expiration day listed on application? Attach an additional sheet if necessary. *It is the responsibility of the license applicant to provide updates to MDA regarding any changes in status of any of the firm's applicators*



If you or your employees have recently taken certification exams, please attach copies of your receipt(s) that show the exam scores and dates.

- ____ 5. Are all the license categories that your firm intends to provide application services for checked?
____ Does the listing of certified applicators cover all those categories?
- ____ 6. **IS THE APPLICATION SIGNED?** We cannot process an application that is not signed.
- ____ 7. Have you enclosed a check or money order for **\$100.00**, payable to **STATE OF MICHIGAN**?

B) CORPORATION/PARTNERSHIP/ASSUMED NAME DOCUMENTS

- ____ 1. Have you updated your corporation (including limited liability corporation) with the Michigan Department of Labor & Economic Growth, Michigan Corporation Division (MCD)?
- ____ 2. Have you updated your Assumed Name Certificate. (Certificate expires after 5 years).

PROOF OF INSURANCE

- ____ 1. Does the insurance certificate form include:
 - ____ Exact same legal name of the business as provided on the application?
 - ____ Exact same street address for the business as provided on the application?
 - ____ Correct effective and expiration dates that coincide with the license year? It is the responsibility of the license applicant to provide a current certificate of insurance to MDA – not the insurance agent's duty. You must fax (517-335-4540) or mail to **Attn: Rosemary Williams, MDA-PPPM, PO Box 30017, Lansing, MI 48909** any updated insurance information.
- ____ 2. Are the amounts of coverage correct? See enclosed PI-168 for amounts (green sheet).
- ____ 3. Does the insurance coverage include bodily injury and property damages that arise from pesticide applications?

C) NOTARIZED STATEMENT OF EXPERIENCE (required if you are adding a new category or you were newly licensed in 2005 and have a different applicator for 2006)

- ____ 1. Are you adding a new category (not on the renewal application) or were you newly licensed in 2005 but have a different applicator for 2006? If yes, you must also complete and submit a notarized copy of the enclosed Notarized Statement of Experience (Form PI-217).
- ____ 2. Does the experience statement include the required timeframe and the contact persons along with their phone numbers?